15/5/2010

INS. CASE OWNER:

CC4/AIS22006917/pa3

LKK:

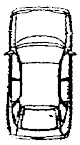
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 20/07/2022

Registered in Merimen: 20/07/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SJS 3060M

Name of Insured : SHAHEERAH BINTE MOHD SALIM

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 17/07/2022 11:30

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : SP2000784061-01

Make / Model : Hyundai I30

Place of Accident : BLK 156 YISHUN ST. 11 (OSCP CARPARK LOT 219)

Nature of Accident : _____

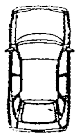
If **NO**, Driver Name / Age : JASWIN SINGH S/O SUKHMANDAR SINGH

Driver Tel No. : (V/L: YES / NO)

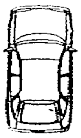
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

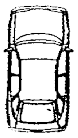
SLT 2947H → _____ → _____ → _____



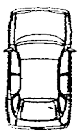
INSRS:
WSP: XIN HUA WORKSHOP PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJS 3060M - X SLT 2947H - X	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
Towing Invoice	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
PIR:	☐	☐
Mandate/Reject Instruction:	☐	☐
LOD	☐	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 6,400.00 (5 days)	Reduction: 78 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/03/2023	Confirm with Kerry	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost: 7% GST	S$ 6,848.00		
Loss of Rental (LOR):	S$ 700.00 (7 days)	X $100	
Loss of Use (LOU):	~~S$ 420.00 ($ 60 x 7 days)~~		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☑ ~~LOR + LOU ☐~~ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search	S$ ~~98.45~~ 7.45		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	S$ ~~7,396.45~~ 7,555.45	**Global Sum S$:** 7,300.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 7,300.00	Name 1: XIN HUA WORKSHOP PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	